

South
Central
Lake Miriam
Vein Care Specialists
Lakeland Vascular Institute



2125 Crystal Grove Drive, Lakeland, FL 33801
Office: (863) 688-2334 | Fax: (863) 577-0301

Kissimmee
Pablo Campus
Plant City Imaging
Women's Imaging Center
Vascular Specialists of Lakeland

Date: _____

On behalf of _____ (Referring Provider), the undersigned entity hereby authorizes Availity, LLC to utilize the Referring Physician's credentials in connection with the Authorization process through Availity's AuthPal & Outsourcing Process based on the Referring Provider's order and other information provided by the Referring Physician. Availity is an independent third party working for Radiology and Imaging Specialists of Lakeland, P.A. (RIS).

Both RIS, Availity, LLC and Referring Provider expressly acknowledge and agree that this Agreement is NOT intended to induce or reward referrals of business. In furtherance of the foregoing, both parties also acknowledge and agree that NO purpose of this Agreement, or of either party's intent under this Agreement, is to induce or reward, directly or indirectly, referrals of Referring Provider business.

This agreement shall become effective on this _____ day of _____, 20__ and will continue until such time that Referring Provider, RIS and/or Availity choose to terminate this agreement in writing.

Referring Physician:

Entity: _____
Specialty: _____
Address/Phone: _____

NPI Number: _____
Tax ID: _____
Signature: _____
Name, Title: _____
Main Contact: _____

Radiology and Imaging Specialists

Signature: _____
Name: _____
Title: _____

Availity, LLC

Signature: _____
Name: _____
Title: _____